

MANAGED CARE RESOURCE GUIDE

Department of Medical Assistance Services

16. Sample ID Cards

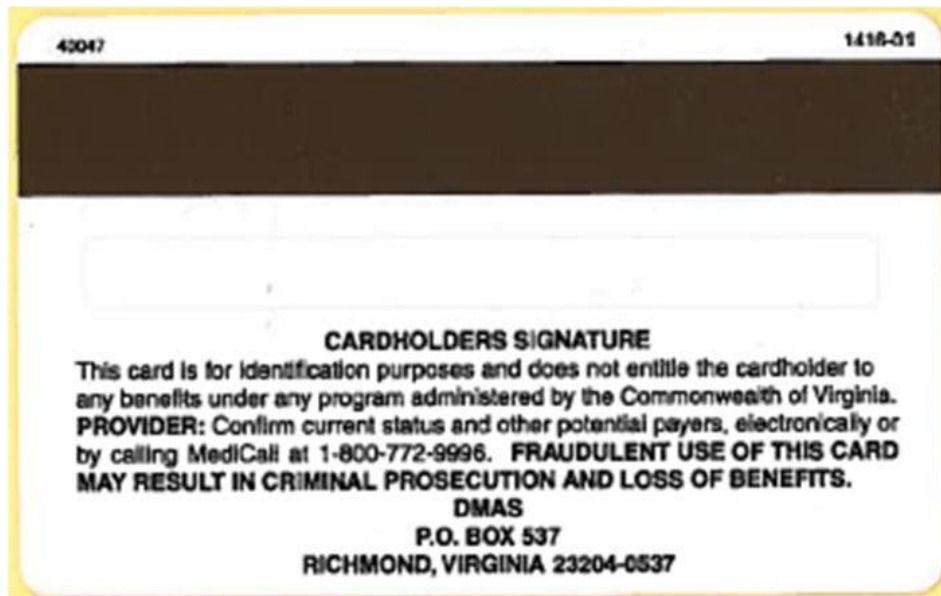
Virginia Medicaid Permanent Plastic ID Card

SAMPLE

FRONT



BACK



Medallion II MCO ID Cards

Amerigroup

FRONT



Effective Date: MDYEFF
Date of Birth: MDYDOB
Subscriber #: MEMBERID

AMERIGROUP VIRGINIA, INC.
MEDICAID/FAMIS PLUS

Member Name: MBRNAME
Medicaid Number: MBRALTKEY
Primary Care Provider (PCP): PCPNAME
PCP Telephone #: PCPPHONE
Vision: 1-800-428-8789
Dental: Smiles For Children - 1-888-912-3456
Pharmacy: 1-800-600-4441
TDD/TTY #: 1-800-855-2880
Member Services/Nurse HelpLine and Behavioral Health: 1-800-600-4441



BACK

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your PCP for non-emergency care. If you have questions or suspect fraud or abuse, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 1-800-855-2880.

TO HOSPITALS: Preadmission certification is required for all non-emergency admissions including outpatient surgery. For emergency admissions, notify AMERIGROUP within 24 hours after treatment at 1-800-454-3730.

TO PROVIDERS: Certain services must be preauthorized. If preauthorization has not been obtained, please contact the PCP listed on this card before administering treatment. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.


PHARMACIES: Submit claims using Caremark RXBIN: 004336; RXPCN: ADV; and RXGRP: RX4294. For technical help, call Caremark at 1-800-345-5413.

SUBMIT CLAIMS TO:
AMERIGROUP • P.O. BOX 81010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.
EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.

VA01 01/11

ANTHEM HEALTHKEEPERS *PLUS* ID CARD

FRONT

 Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.	
David Smith Identification Number YTD123456780	PCP Name Jane Smith PCP Phone 999-999-9999 Medicaid ID 987654321
Group Number HKP00200 BC/BS Plan 423/923 Rx Bin Number 003858	
Rx	

BACK

 Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.	anthem.com Member Services: 1-800-901-0020 Provider Services: 1-800-901-0020 TDD (Hearing Impaired): 1-800-247-9843 24/7 Nurse Line: 1-800-382-9625 Mental Health Services: 1-800-991-6045 Rx Services: 1-800-824-0898 Authorization: 1-800-533-1120 Transportation: 1-877-892-3988 DentaQuest* 1-888-912-3456 * Not a Blue Cross Blue Shield Product
Members: When submitting inquiries always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911.	HealthKeepers, Inc. 277 Bendix Road, Suite 100 Virginia Beach, VA 23452-1361 HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.
Providers: Please submit claims to your local BCBS plan. To ensure prompt claims processing please include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.	
Claims Filing Address: Post Office Box 27401 Richmond, Virginia 23279	

CareNet ID CARD

FRONT



BACK

NOTICE TO MEMBERS

1. Show this card each time you seek medical care.
2. IN CASE OF EMERGENCY: Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room. Notify the Plan within 24 hours or as soon as medically possible.

IMPORTANT PHONE NUMBERS:

Customer Service (questions or problems): 1-800-279-1878
Smiles for Children's Program: 1-888-912-3456
24 Hour-Nurse Access Line: 1-877-878-8940

NOTICE TO PROVIDERS:

Radiology Preauthorization: 1-866-642-9704
Preauthorization for all other services: 1-800-235-2206
Call Customer Service with eligibility questions: 1-800-449-1944
Submit claims, resubmissions and proof of timely filing to:
CareNet, P.O. Box 7702, London, KY 40742
Payor ID: 25133

Submit appeals to CareNet: 9881 Mayland Drive, Richmond, VA 23233

MajestaCare-A Health Plan of Carilion Clinic ID CARD

FRONT

MajestaCare
A Health Plan of **CARILION CLINIC** 

Medallion II

www.MajestaCare.com

Member ID#: 000000000000-00 Date of Birth: 00/00/00 Sex: X

Member Name: Last Name, First Name

PCP Name: Last Name, First Name

PCP Phone: 000-000-0000 Effective Date: 00/00/00

For transportation call 1-866-996-9140

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.


BACK

MEMBERS
Member Services 1-866-996-9140 MARCH Vision 1-888-493-4070
TTY VA Relay 711 Behavioral Health 1-866-996-9140
24-Hour Nurse Line 1-866-996-9140 Dental – Smiles for Children 1-888-912-3456
In an emergency, call 911 or go to the nearest hospital. Always call your PCP for non-emergency care.

PROVIDERS
Service Authorization is required for all inpatient admissions, selected outpatient services and all non-participating providers. For details visit www.majestacare.com.

SEND MEDICAL CLAIMS TO
MajestaCare – Claims Dept.
PO Box 63545
Phoenix, AZ 85082-3545
PAYOR ID: XXXXX


PHARMACY
RxBIN 003858
RxPCN A4
RxGRP VM3A
Pharmacist use only 1-800-824-0898

 **EXPRESS SCRIPTS®**

MajestaCare | 213 South Jefferson Street | Suite 101 | Roanoke, Virginia 24011

OPTIMA FAMILY CARE ID CARD

FRONT

OptimaHealth 	
Member Name: John Sample	FAMILY CARE
Member Number: 9999999*99	
Group Number: Optima Family Care	
Member Eff. Date: 07-01-09	
PCP Name: DR Doctor	
PCP Phone #: 999-9999	
Medicaid #: 99999990 000	DOB: 00/00/0000
OV/ED \$0/ \$0	RX \$0
www.optimahealth.com	

BACK

<p>This card is used to obtain covered benefits. Present this card each time you seek health care services. Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.</p> <p>IN CASE OF EMERGENCY: Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room.</p> <p>HELPFUL NUMBERS:</p> <table><tr><td>PROVIDER RELATIONS:</td><td>757-552-7474 OR 1-800-229-8822</td></tr><tr><td>MEMBER SERVICES:</td><td>757-552-8975 OR 1-800-881-2166</td></tr><tr><td>PRE AUTHORIZATION:</td><td>757-552-7540 OR 1-800-229-5522</td></tr><tr><td>AFTER HOURS NURSE ADVICE LINE:</td><td>757-552-7250 OR 1-800-394-2237</td></tr><tr><td>OUT-OF-AREA PROVIDER NETWORK:</td><td>1-888-972-7427</td></tr><tr><td>BEHAVIORAL HEALTH PRE-AUTHS:</td><td>757-552-7174 OR 1-800-648-8420</td></tr><tr><td>SMILES FOR CHILDREN:</td><td>1-888-912-3456</td></tr><tr><td>TRANSPORTATION:</td><td>1-877-892-3986</td></tr></table> <p>MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:</p> <table><tr><td>MEDICAL CLAIMS</td><td>BEHAVIORAL HEALTH CLAIMS</td></tr><tr><td>P.O.Box 5028</td><td>P.O.Box 1440</td></tr><tr><td>Troy, MI 48007-5028</td><td>Troy, MI 48099-1440</td></tr></table> <p>PHARMACY INFO: BIN #600428 PROCESSOR CONTROL # 01730000 OR CALL 1-800-KC-ARGUS</p> <p>XXXXXXXXXXXX Offered by text XXXXXXXXXXXXXXXX</p>		PROVIDER RELATIONS:	757-552-7474 OR 1-800-229-8822	MEMBER SERVICES:	757-552-8975 OR 1-800-881-2166	PRE AUTHORIZATION:	757-552-7540 OR 1-800-229-5522	AFTER HOURS NURSE ADVICE LINE:	757-552-7250 OR 1-800-394-2237	OUT-OF-AREA PROVIDER NETWORK:	1-888-972-7427	BEHAVIORAL HEALTH PRE-AUTHS:	757-552-7174 OR 1-800-648-8420	SMILES FOR CHILDREN:	1-888-912-3456	TRANSPORTATION:	1-877-892-3986	MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS	P.O.Box 5028	P.O.Box 1440	Troy, MI 48007-5028	Troy, MI 48099-1440
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MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS																						
P.O.Box 5028	P.O.Box 1440																						
Troy, MI 48007-5028	Troy, MI 48099-1440																						

VA PREMIER ID CARD

FRONT



BACK

Members:

1. If medical assistance is needed when your doctor's office is closed, please call:
VPHP Nurseline 1-800-256-1982
2. Do not let anyone else use this card. Call VA Premier to report a lost or stolen card. **If you lose your eligibility for health benefits, this card is no longer valid.**
3. If you have questions, call the Member Services Department, Monday - Friday, 8:00a.m. - 5:00p.m. **Richmond: (804-819-5151)** or (1-800-289-4970)
Tidewater (757-461-0064) or (1-800-828-7953) **Roanoke (540-344-8838)** or (1-888-338-4579).
4. **If you have questions about your prescriptions or pharmacies, please call EnvisionRxOptions at 1-855-872-0005**
Call at least 72 hours in advance for medical transportation Mon. - Fri., 8:00a.m. - 5:00p.m.

Providers: For Authorizations, please contact our UM Department
1-888-251-3063. Pharmacies may call 1-855-872-0005.

HMO Claims Address:

Virginia Premier Health Plan Inc. P.O. Box 5207 • Richmond, VA 23220-0208

FAMIS MCO Identification Cards

Amerigroup ID CARD \$5 Co-pay

FRONT



Effective Date: MDYEFF
Date of Birth: MDYDOB
Subscriber #: MEMBERID

AMERIGROUP VIRGINIA, INC.
FAMIS PROGRAM

Member Name: MBRNAME
FAMIS Number: MBRALTKEY
Primary Care Provider (PCP): PCPNAME
PCP Telephone #: PCPPHONE
Vision: 1-800-428-8789

Dental Coverage: Smiles For Children - 1-888-912-3456

Copays: Inpatient Hospital: \$25 Emergency Room Visits: \$5
Outpatient Hospital or Doctor: \$5 Vision: \$5 (routine exam)
Pharmacy: \$5 (up to 34-day supply) \$10 (35 to 90-day supply)

Member Services/Nurse HelpLine and Behavioral Health: 1-800-600-4441



BACK

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your PCP for non-emergency care. If you have questions or suspect fraud or abuse, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 1-800-855-2880.

HOSPITALS: Preadmission certification is required for all non-emergency admissions including outpatient surgery. For emergency admissions, notify AMERIGROUP within 24 hours after treatment at 1-800-454-3730.

PROVIDERS: Certain services must be preauthorized. If preauthorization has not been obtained, please contact the PCP listed on this card before administering treatment. Care that is not preauthorized may not be covered. For preauthorizations/billing or pharmacy information, call 1-800-454-3730.

PHARMACIES: Submit claims using Caremark RXBIN: 004336; RXPCN: ADV; and RXGRP: RX4294. For technical help, call Caremark at 1-800-345-5413.

SUBMIT CLAIMS TO:

AMERIGROUP • P.O. BOX 81010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.
EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.

VA04 01/11

Amerigroup ID CARD

\$2 Co-pay

FRONT



Effective Date: MDYEFF
Date of Birth: MDYDOB
Subscriber #: MEMBERID

AMERIGROUP VIRGINIA, INC.
FAMIS PROGRAM

Member Name: MBRNAME
FAMIS Number: MBRALTKEY
Primary Care Provider (PCP): PCPNAME
PCP Telephone #: PCPPHONE
Vision: 1-800-428-8789

Dental Coverage: Smiles For Children - 1-888-912-3456

Copays: Inpatient Hospital: \$15 Emergency Room Visits: \$2
Outpatient Hospital or Doctor: \$2 Vision: \$2 (routine exam)
Pharmacy: \$2 (up to 34-day supply) \$4 (35 to 90-day supply)
Member Services/Nurse HelpLine and Behavioral Health: 1-800-600-4441



BACK

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your PCP for non-emergency care. If you have questions or suspect fraud or abuse, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 1-800-855-2880.

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SUBMIT CLAIMS TO:

AMERIGROUP • P.O. BOX 61010 • VIRGINIA BEACH, VA 23466-1010
USE OF THIS CARD BY ANY PERSON OTHER THAN THE MEMBER IS FRAUD.
EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA
EL MIEMBRO CONSTITUYE FRAUDE.

VA03 01/11

Amerigroup ID CARD

FAMIS MOMS

FRONT



Effective Date: MDYEFF
Date of Birth: MDYDOB
Subscriber #: MEMBERID

AMERIGROUP VIRGINIA, INC.
FAMIS MOMS

Member Name: MBRNAME

Medicaid Number: MBRALTKEY

Primary Care Provider (PCP): PCPNAME

PCP Telephone #: PCPPHONE

Vision: 1-800-428-8789

Dental Coverage: Smiles For Children - 1-888-912-3456

Pharmacy: 1-800-600-4441

TDD/TTY #: 1-800-855-2880

Member Services/Nurse HelpLine and Behavioral Health: 1-800-600-4441



BACK

MEMBERS: Please carry this card at all times. Show this card before you get medical care. You do not need to show this card before you get emergency care. If you have an emergency, call 911 or go to the nearest emergency room. Always call your PCP for non-emergency care. If you have questions or suspect fraud or abuse, call Member Services at 1-800-600-4441. If you are deaf or hard of hearing, please call 1-800-855-2880.

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SUBMIT CLAIMS TO:
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EL USO DE ESTA TARJETA POR CUALQUIER PERSONA QUE NO SEA EL MIEMBRO CONSTITUYE FRAUDE.

VA05 01/11


ANTHEM HEALTHKEEPERS PLUS ID CARD

\$2 Co-pay

FRONT

 Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.		
<hr/>		
David Smith Identification Number YTD123456780		PCP Name Jane Smith PCP Phone 999-999-9999 Medicaid ID 987654321
<hr/>		
Group Number HKP00200 BC/BS Plan 423/923 Rx Bin Number 003858	PCP/Specialist \$2/\$2 Outpatient \$2 Inpatient \$15 Emergency \$2 Rx \$2/\$4	
<hr/>		
Rx		



BACK

 Anthem HealthKeepers Plus Offered by HealthKeepers, Inc.		anthem.com Member Services: 1-800-901-0020 Provider Services: 1-800-901-0020 TDD (Hearing Impaired): 1-800-247-9843 24/7 Nurse Line: 1-800-382-9625 Mental Health Services: 1-800-991-6045 Rx Services: 1-800-824-0898 Authorization: 1-800-533-1120 DentaQuest* 1-888-912-3456 * Not a Blue Cross Blue Shield Product
<hr/>		
<p>Members: When submitting inquiries always include your identification number from the face of this card. Possession or use of this card does not guarantee payment. In an emergency, go to the nearest facility or call 911.</p>		
<p>Providers: Please submit claims to your local BCBS plan. To ensure prompt claims processing please include the 3-digit alpha prefix that precedes the patient's identification number listed on the front of this card.</p>		
<p>Claims Filing Address: Post Office Box 27401 Richmond, Virginia 23279</p>		
<hr/>		
<p>HealthKeepers, Inc. 277 Bendix Road, Suite 100 Virginia Beach, VA 23452-1361</p> <p>HealthKeepers, Inc. is an independent licensee of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.</p>		


ANTHEM HEALTHKEEPERS PLUS ID CARD

\$5 Co-pay

FRONT

 Anthem. HealthKeepers Plus Offered by HealthKeepers, Inc.		 <small>Caring Children With Medicaid Health Insurance</small>
David Smith Identification Number YTD123456780		PCP Name Jane Smith PCP Phone 999-999-9999 Medicaid ID 987654321
Group Number HKP00200 BC/BS Plan 423/923 Rx Bin Number 003858	PCP/Specialist \$5/\$5 Outpatient \$5 Inpatient \$25 Emergency \$5 Rx \$5/\$10	
Rx		

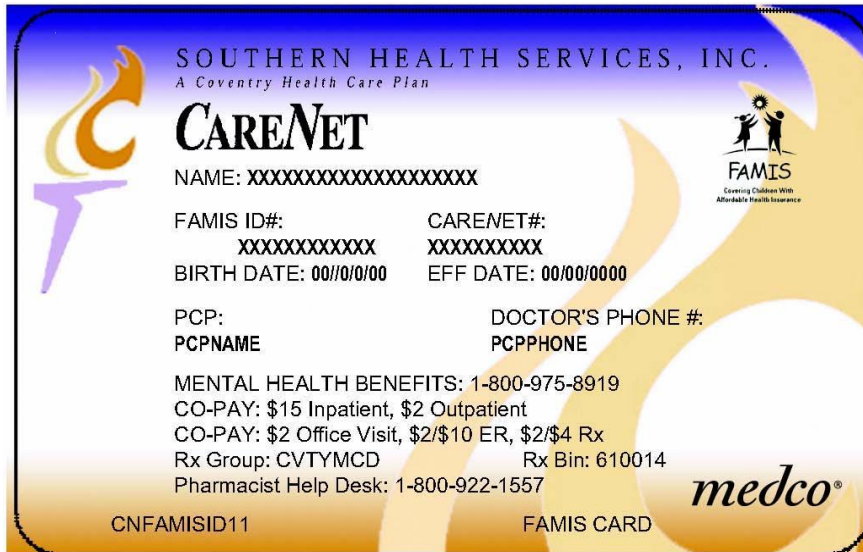
BACK

 Anthem. HealthKeepers Plus Offered by HealthKeepers, Inc.		anthem.com Member Services: 1-800-901-0020 Provider Services: 1-800-901-0020 TDD (Hearing Impaired): 1-800-247-9843 24/7 Nurse Line: 1-800-382-9625 Mental Health Services: 1-800-991-6045 Rx Services: 1-800-824-0898 Authorization: 1-800-533-1120 DentaQuest* 1-888-912-3456 * Not a Blue Cross Blue Shield Product
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CareNet ID CARD FAMIS

\$2 Co-pay

FRONT



The front of the CareNet ID Card features a blue and yellow gradient background. On the left is a stylized logo of a person with arms raised. The text 'SOUTHERN HEALTH SERVICES, INC.' and 'A Coventry Health Care Plan' is at the top. The 'CARENET' logo is prominently displayed. The card contains fields for NAME, FAMIS ID#, CARENET#, BIRTH DATE, EFF DATE, PCP, DOCTOR'S PHONE #, PCPNAME, PCPPHONE, MENTAL HEALTH BENEFITS, CO-PAY, Rx Group, Rx Bin, Pharmacist Help Desk, CNFAMISID11, and FAMIS CARD. The Medco logo is in the bottom right corner.

SOUTHERN HEALTH SERVICES, INC.
A Coventry Health Care Plan

CARENET

NAME: XXXXXXXXXXXXXXXXXXXX

FAMIS ID#: XXXXXXXXXXXX CARENET#: XXXXXXXXXXXX

BIRTH DATE: 00/00/00 EFF DATE: 00/00/0000

PCP: DOCTOR'S PHONE #:
PCPNAME PCPPHONE

MENTAL HEALTH BENEFITS: 1-800-975-8919
CO-PAY: \$15 Inpatient, \$2 Outpatient
CO-PAY: \$2 Office Visit, \$2/\$10 ER, \$2/\$4 Rx
Rx Group: CVTYMCD Rx Bin: 610014
Pharmacist Help Desk: 1-800-922-1557

CNFAMISID11 FAMIS CARD

medco

BACK

NOTICE TO MEMBERS

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24 Hour-Nurse Access Line: 1-877-878-8940

NOTICE TO PROVIDERS:

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Preauthorization for all other services: 1-800-235-2206
Call Customer Service with eligibility questions: 1-800-449-1944
Submit claims, resubmissions and proof of timely filing to:
CareNet, P.O. Box 7702, London, KY 40742

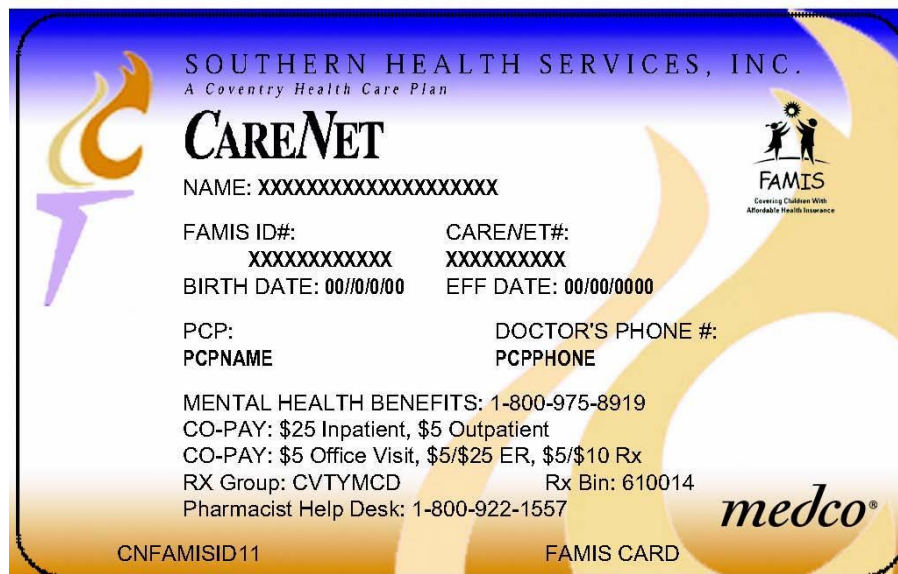
Payor ID: 25133

Submit appeals to CareNet: 9881 Mayland Drive, Richmond, VA 23233

CareNet ID CARD FAMIS

\$5 Co-pay

FRONT



BACK

NOTICE TO MEMBERS

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2. IN CASE OF EMERGENCY: Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room. Notify the Plan within 24 hours or as soon as medically possible.

IMPORTANT PHONE NUMBERS:

Customer Service (questions or problems): 1-800-279-1878
Smiles for Children's Program: 1-888-912-3456
24 Hour-Nurse Access Line: 1-877-878-8940

NOTICE TO PROVIDERS:

Radiology Preauthorization: 1-866-642-9704
Preauthorization for all other services: 1-800-235-2206
Call Customer Service with eligibility questions: 1-800-449-1944
Submit claims, resubmissions and proof of timely filing to:

CareNet, P.O. Box 7702, London, KY 40742
Payor ID: 25133

Submit appeals to CareNet: 9881 Mayland Drive, Richmond, VA 23233

MajestaCare-A Health Plan of Carilion Clinic ID CARD

BACK

FRONT



A Health Plan of 

www.MajestaCare.com



Member ID#: 000000000000-00 Date of Birth: 00/00/00 Sex: X

Member Name: Last Name, First Name

PCP Name: Last Name, First Name Effective Date: 00/00/00

PCP Phone: 000-000-0000

COPAYS:

Inpatient Hospital \$XX	Outpatient Hospital \$X
ER (non-emergency) \$XX	Doctor \$X
Vision \$X	Pharmacy \$XG / \$XXB

THIS ID CARD IS NOT A GUARANTEE OF ELIGIBILITY, ENROLLMENT OR PAYMENT.

MEMBERS

Member Services 1-866-996-9140	MARCH Vision 1-888-493-4070
TTY VA Relay 711	Behavioral Health 1-866-996-9140
24-Hour Nurse Line 1-866-996-9140	Dental – Smiles for Children 1-888-912-3456

In an emergency, call 911 or go to the nearest hospital. Always call your PCP for non-emergency care.

PROVIDERS

Service Authorization is required for all inpatient admissions, selected outpatient services and all non-participating providers. For details visit www.majestacare.com.

SEND MEDICAL CLAIMS TO

MajestaCare – Claims Dept.

PO Box 63545

Phoenix, AZ 85082-3545

PAYOR ID: 26372

PHARMACY

RxBIN 003858

RxPCN A4

RxGRP VM3A

Pharmacist use only 1-800-824-0898


 **EXPRESS SCRIPTS®**

MajestaCare | 213 South Jefferson Street | Suite 101 | Roanoke, Virginia 24011

OPTIMA ID CARD

\$2 Co-pay

FRONT

OptimaHealth 


Member Name: XXXXXXXXXXXXXXXXXXXXX24
Member Number: XXXXXXXX10
Group Number: **FAMIS**
Member Eff. Date: XX-XX-XX
PCP Name: xxxxxxxxxxxxxxxxxxxxxxxx22
PCP Phone #:xxx-xxxx

**FAMILY CARE
FAMIS**

FAMIS #: xxxxxxxxxxxxx12 DOB: xx-xx-xxxx

OV/ED	Rx
\$2/\$2	\$2

www.optimahealth.com


FAMIS

BACK

This card is used to obtain covered benefits. Present this card each time you seek health care services. Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.
IN CASE OF EMERGENCY: Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room.

HELPFUL NUMBERS

PROVIDER RELATIONS:	757-552-7474 OR 1-800-229-8822
MEMBER SERVICES:	757-552-8975 OR 1-800-881-2166
PRE AUTHORIZATION:	757-552-7540 OR 1-800-229-5522
AFTER HOURS NURSE ADVICE LINE:	757-552-7250 OR 1-800-394-2237
BEHAVIORAL HEALTH PRE-AUTHS:	757-552-7174 OR 1-800-648-8420
SMILES FOR CHILDREN:	1-888-912-3456

MAIL BILLS AND/OR CLAIMS FOR SERVICES TO:


MEDICAL CLAIMS	BEHAVIORAL HEALTH CLAIMS
P.O. Box 5028	P.O. Box 1440
Troy, MI 48007-5028	Troy, MI 48099-1440

PHARMACY INFO: BIN #600428 PROCESSOR CONTROL#01730000 OR CALL 1-800-KC-ARGUS
XXXXXXXXXX Offered by text XXXXXXXXXXXX

OPTIMA ID CARD

\$5 Co-pay

FRONT

OptimaHealth 


Member Name: XXXXXXXXXXXXXXXXXXXX24
Member Number: XXXXXXXX10
Group Number: **FAMIS**
Member Eff. Date: XX-XX-XX
PCP Name: xxxxxxxxxxxxxxxxxxxxxx22
PCP Phone #:xxx-xxxx

**FAMILY CARE
FAMIS**

FAMIS #: xxxxxxxxxxxx12 DOB: xx-xx-xxxx

OV/ED
\$5/\$5

Rx
\$5

www.optimahealth.com

BACK

This card is used to obtain covered benefits. Present this card each time you seek health care services. Preauthorization may be required for: hospitalization, outpatient surgery and therapies, advanced imaging, DME, home health, skilled nursing, acute rehab, or prosthetics.
IN CASE OF EMERGENCY: Call your Primary Care Physician, who will tell you what to do. If the emergency is so urgent that it could cause loss of life or limb or senses, seek care immediately at the nearest emergency room.

HELPFUL NUMBERS

PROVIDER RELATIONS:	757-552-7474 OR 1-800-229-8822
MEMBER SERVICES:	757-552-8975 OR 1-800-881-2166
PRE AUTHORIZATION:	757-552-7540 OR 1-800-229-5522
AFTER HOURS NURSE ADVICE LINE:	757-552-7250 OR 1-800-394-2237
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XXXXXXXXXX Offered by text XXXXXXXXXXXX

VAPREMIER ID CARD

FRONT



BACK

Members:

1. If medical assistance is needed when your doctor's office is closed, please call:
VPHN Nurseline 1-800-256-1982
2. Do not let anyone else use this card. Call VA Premier to report a lost or stolen card. **If you lose your eligibility for health benefits, this card is no longer valid.**
3. If you have questions, call the Member Services Department, Monday - Friday, 8:00a.m. - 5:00p.m. **Richmond:(804-819-5151)** or (1-800-289-4970)
Tidewater (757-461-0064) or (1-800-828-7953) **Roanoke (540-344-8838)** or (1-888-338-4579).

4. **If you have questions about your prescriptions or pharmacies, please call EnvisionRxOptions at 1-855-872-0005**

Call at least 72 hours in advance for medical transportation Mon. - Fri., 8:00a.m. - 5:00p.m.



Providers: For Authorizations, please contact our UM Department
1-888-251-3063. Pharmacies may call 1-855-872-0005.

HMO Claims Address:

Virginia Premier Health Plan Inc. P.O. Box 5207 • Richmond, VA 23220-0208

VAPREMIER ID CARD FAMIS MOMS

FRONT



Name:
DOB:
ID#:
Effective:

PCP: SPC: RXS:

RxBin#:
RxPCN#:
RxGroup#:

EnvisionRxOptions
Pioneers in Transparency

BACK

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